FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SEO Mail Processing Section

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30,2008
Estimated average burden
hours per response.....16.00

APR 2 1 1006

ທີ່ເຂດຄຳຄຳລັດປາ ເປີດ

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix Serial					
DA	TE RECEIV	ED			
l 1					

AND	ERING BABIMITON	
Name of Offering (check if this is an amendment and name has changed, an	nd indicate change.)	
Imperial Capital Group, LLC - Class A Interests		
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Ru	ile 506 Section 4(6) ULOE	
Type of Filing: New Filing Amendment		
A. BASIC IDENTIFIC	CATION DATA	1111111
1. Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment and name has changed, and i	indicate change.)	11011111
Imperial Capital Group, LLC	08046309	
Address of Executive Offices (Number and Street,	City, State, Zip Code) Telephone Number (Including Area Code)
2000 Avenue of the Stars, 9th Floor South, Los Angeles, California 90	067 (310) 246-3700	
(if different from Executive Offices)	, City, State, Zip Code) Telephone Number (Including Area Cod	c)
P	ROCESSED	
Brief Description of Business	7	
Investment in securities.	APR 2 8 2008	
Type of Business Organization corporation limited partnership, already for the corporation	DMSON REUTERS are specify): Limited Liability Compa	ту
Usiness trust Intitted partite ship, to be formed		
Actual or Estimated Date of Incorporation or Organization: 0 7 9 7 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Servi CN for Canada; FN for other for		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

The said of the first said	A. BASIC IDI	ENTIFICATION DATA		A Commence of the Commence of
2. Enter the information requested for the fol				
 Each promoter of the issuer, if the iss 	uer has been organized w	ithin the past five years;		
Each beneficial owner having the pow	er to vote or dispose, or dis	rect the vote or disposition	of, 10% or more o	f a class of equity securities of the issu
Each executive officer and director of	f corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and
Each general and managing partner o	f partnership issuers.			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Imperial Capital Group Holdings, LLC			, ,	
Business or Residence Address (Number and	Street City State 7in Co	nde)		
2000 Avenue of the Stars, 9th Floor Sout				
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Randall Wooster				
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)		
2000 Avenue of the Stars, 9th Floor South	n, Los Angeles, Califor	nia 90067		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Jason Reese				
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)		
2000 Avenue of the Stars, 9th Floor South	h, Los Angeles, Califor	mia 90067		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Mark Martis				
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)	· · · · · · · · · · · · · · · · · · ·	
2000 Avenue of the Stars, 9th Floor Sou	th, Los Angeles, Califo	ornia 90067		·
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	<u> </u>			
Business or Residence Address (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Dustance on Decidence Address Alumber and	Street, City, State, Zip C	ode)		
Business or Residence Address (Number and	Sirect, City, State, Zip C	out,		

1					В. П	NFORMAT	ION ABOU	T OFFERI	NG ¹		`: , ·	25"	•
1.	Hac the	issuer sold	i or does th	se iccuer in	ntend to se	11 to non-a	ccredited i	nvestors in	this offer	ina?		Yes	No ⊠
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.							L	<u></u>				
2.								s_ 1,0	00.00				
				•								Yes	No
3.			permit join									×	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Ful	l Name (l	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	umber and	d Street, Ci	ity, State, Z	(ip Code)						
Nai	me of Ass	ociated Br	oker or Dea	aler									
Sta	•		Listed Has								•		
	(Check	"All States	or check	individual	States)		***************************************	***************************************	***************************************			☐ Al	1 States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (I	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)	,					
Nai	me of Ass	sociated Br	oker or De	aler					· · ·				
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)		••••••	••••••	***************************************			☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (l	Last name	first, if indi	ividual)									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$ 0.00	\$ 0.00
	Equity	\$ 0.00	\$ 0.00
	Common Preferred		0.00
	Convertible Securities (including warrants)	s_0.00	\$
	Partnership Interests		<u>\$_0.00</u>
	Other (Specify LLC membership units	\$_500,000,000.00	\$_26,135,357.00
	Total	\$_500,000,000.00	\$_26,135,357.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	35	\$_26,135,357.00
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504	.	\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_12,000.00
	Accounting Fees		s
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Blue sky filing fees	<u>P</u>	\$_2,084.00
	Total		\$ 14,084.00

	C. OFFERING PRICE, NUMP	BER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	, , , , ,				
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — of proceeds to the issuer."	Question 4.a. This difference is the "adjusted gro	SS	499,985,916.00				
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate a the payments listed must equal the adjusted gro	nd					
			Payments to Officers, Directors, & Affiliates	Payments to Others				
	Salaries and fees		s 0.00	S 0.00				
	Purchase of real estate			□ \$ <u>0</u>				
	Purchase, rental or leasing and installation of mac and equipment	s 0.00	ss					
		Construction or leasing of plant buildings and facilities						
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)		\$ <u></u>					
	Repayment of indebtedness	S 0.00	\$_0.00					
	Working capital	🔲 \$	<u>499,985,916.</u> 00 \$					
	Other (specify):		_ 🗆 \$	_ 🗆 \$				
			- 🗍 \$. 🗆 \$				
	Column Totals		[\$ 0.00	\$ 499,985,916.0				
	Total Payments Listed (column totals added)		🗹 \$_4	99,985,916.00				
		D. FEDERAL SIGNATURE						
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acco	undersigned duly authorized person. If this not nish to the U.S. Securities and Exchange Come	tice is filed under Ri mission, upon writt	ule 505, the following en request of its staff,				
Iss	uer (Print or Type)	Signature	Date					
lm	perial Capital Group, LLC	~ ~~	April / C	, 2008				
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)						
Mark Martis Chief Operating Officer and Chief Financial Officer								

END

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)